PTO/SB/22 (12-04)

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PET	TION	FOR EXTENSION OF THE UNDER 37 CFR 1.136(a)	Docket Number (Optional) NNFF-1 CON	
15	ione ni	FY 2005 rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	ININI I ST OON	
		Number 10/692,537	Filed October 24, 2003	
For METHOD FOR THE DETERMINATION OF DATA FOR THE PREPARATION OF THE DIAGNOSIS OF				
PHAKOMATOSIS				
Art Uı	nit 163	7	Examiner Young J. Kim	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee be				
		<u>Fee</u> <u>Sn</u>	nall Entity Fee	
		One month (37 CFR 1.17(a)(1)) \$120	\$60 \$	
		Two months (37 CFR 1.17(a)(2)) \$450	\$225 \$	
		Three months (37 CFR 1.17(a)(3)) \$1020	\$510 \$	
	\boxtimes	Four months (37 CFR 1.17(a)(4)) \$1590	\$795 \$	795.00
		Five months (37 CFR 1.17(a)(5)) \$2160	\$1080 \$	
\boxtimes	— Applic	ant claims small entity status. See 37 CFR 1.27.	· · · · · · · · · · · · · · · · · · ·	
	A check in the amount of the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
	The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075 #099999-0237. I have enclosed a duplicate copy of this sheet.			
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
		96/3	06/2008	078 10852337
Iam	the	☐ applicant/inventor.	FC:8854 755.00 DA	
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
		attorney or agent of record. Registration Number 38,479		
		attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
	10	ee T. 9 universan	June 5, 2006	
	T	Signature	Date	
<u>Jar</u>	ne 1.	Sunnison Typed or printed name	212-596-9000 Telephone Number	<u> </u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one				
signature is required, see below.				
\boxtimes Total of <u>3</u> forms are submitted.				

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.